

7158

SEPARATE RETURN must be made for each child. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS				State Index No. <u>140</u>			
County of <u>Yila</u>				ORIGINAL CERTIFICATE OF BIRTH			
District of _____				Co. Registrar's No. <u>727</u>			
Town of <u>Miami</u>				Local Registrar's No. _____			
City of _____ (No. _____ St; _____ Ward)							
FULL NAME OF CHILD <u>Jesus Fiers</u>				Born <input checked="" type="checkbox"/> YES			
If child is not named, make Supplemental Report on blank obtainable from local registrar.				Alive <input checked="" type="checkbox"/> NO			
Sex of Child <u>Male</u>	<input checked="" type="checkbox"/> Twin, Triplet or other	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Dec. 5</u> 19 <u>24</u>	Month <u>5</u>	Day <u>5</u> Yr. <u>1924</u>
FATHER				MOTHER			
Full Name <u>Ladislav Fiers</u>				Full Maiden Name <u>Juana Pardina</u>			
Residence <u>Miami, Arizona</u>				Residence <u>Miami, Arizona</u>			
Color or Race <u>Mex</u> Age at last Birthday <u>27</u> Years				Color or Race <u>Mex</u> Age at last Birthday <u>27</u> Years			
Birthplace <u>Sinaloa, Mexico</u>				Birthplace <u>Sinaloa, Mexico</u>			
Occupation <u>Miner</u>				Occupation <u>Housewife</u>			
Number of child of this Mother <u>1</u>		Number of Children, of this mother, now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Dec. 5</u> , 19 <u>24</u> at <u>3A</u> M.							
{ *When there is no attending physician or midwife, then the householder should make this return.				Signature <u>Cyril M. Crow M.D.</u>			
Given or Christian name added from a supplemental report _____ 19 <u>1</u>				Address <u>Miami, Arizona</u>			
162-1205-171				LOCAL REGISTRAR.			
COUNTY REGISTRAR.				COUNTY REGISTRAR.			